
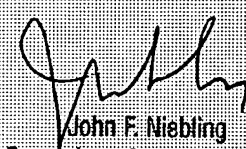
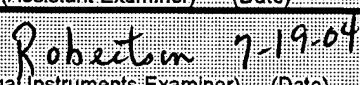


|  |                     |              |  |
|--|---------------------|--------------|--|
| <b>Issue Classification</b><br> | Application No.     | Applicant(s) |  |
|  | 10/613,102          | LEE ET AL.   |  |
|  | Examiner            | Art Unit     |  |
|  | Jennifer M. Kennedy | 2812         |  |

| ISSUE CLASSIFICATION   |          |   |   |         |  |                                   |     |  |  |                          |
|--|----------|---|---|---------|--|-----------------------------------|-----|--|--|--------------------------|
| ORIGINAL   |          |   |   |         | CROSS REFERENCE(S)   |                                   |     |  |  |                          |
| CLASS  | SUBCLASS |   |   |         | CLASS  | SUBCLASS (ONE SUBCLASS PER BLOCK) |     |  |  |                          |
| 438  | 3        |   |   |         | 438  | 240                               | 254 |  |  |                          |
| INTERNATIONAL CLASSIFICATION   |          |   |   |         |  |                                   |     |  |  |                          |
| H  | O        | I | L | 21/00   |  |                                   |     |  |  |                          |
| H  | O        | I | L | 21/8242 |  |                                   |     |  |  |                          |
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|  |          |   |   | /       |  |                                   |     |  |  |                          |
| Jennifer M. Kennedy 7/15/2004<br>(Assistant Examiner) (Date)   |          |   |   |         | <br>John F. Niebling 7/16/04<br>Superintending Examiner<br>Technology Center 2800 |                                   |     |  |  | Total Claims Allowed: 11 |
| <br>Roberton 7-19-04<br>(Legal Instruments Examiner) (Date) |          |   |   |         | O.G. Print Claim(s)<br>1   |                                   |     |  |  | O.G. Print Fig<br>7      |

|   |          |                              |          |                               |          |                                 |          |
|---|----------|------------------------------|----------|-------------------------------|----------|---------------------------------|----------|
| <input checked="" type="checkbox"/> Claims renumbered in the same order as presented by applicant |          | <input type="checkbox"/> CPA |          | <input type="checkbox"/> T.D. |          | <input type="checkbox"/> R.1.47 |          |
| Final   | Original | Final                        | Original | Final                         | Original | Final                           | Original |
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